

## Utah AIDS Foundation

1408 S 1100 E Salt Lake City, UT 84105 Voice: 801/487-2323 FAX: 801/486-3978

### 2008 Issues of People Who Test Positive/PCRS - Training Application

#### CONTACT INFORMATION

Applicant name										
Mailing address										
City					State	<input type="text"/> <input type="text"/>		ZIP	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email					@			.		
Daytime phone number	<input type="text"/> <input type="text"/> <input type="text"/>		-		<input type="text"/> <input type="text"/> <input type="text"/>		-		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
FAX	<input type="text"/> <input type="text"/> <input type="text"/>		-		<input type="text"/> <input type="text"/> <input type="text"/>		-		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Agency affiliation										

#### COURSE DESCRIPTION

The Issues of People Who Test Positive/PCRS is a 20 hour course that provides skill building information for providing people with positive results and guiding them through the Partner Counseling and Referral Service. This is an activity based curriculum with multiple role play sessions to practice these skills.

After completion the participant should be able to give positive results and provide support to their clients as well as helping clients with partner counseling and referral.

#### COURSE INFORMATION

Title	Issues of People Who Test Positive/PCRS			
Schedule	<input type="checkbox"/> June		<input type="checkbox"/> October	
	19th & 20th	5:30 to 9:00 PM	18th & 19th	5:30 to 9:00 PM
	21st	10:00 AM to 7:00 PM	20th	10:00 AM to 7:00 PM
	28th	10:00 AM to 7:00 PM	21st	10:00 AM to 7:00 PM
Application	FAX or e-mail to, ATTN: Meghan Balough 801/487-2323 or Meghan@utahaids.org			
Training Location	Utah AIDS Foundation 1408 South 1100 East Salt Lake City, UT 84105			

## Utah AIDS Foundation

1408 S 1100 E Salt Lake City, UT 84105 Voice: 801/487-2323 FAX: 801/486-3978

### 2008 Issues of People Who Test Positive/PCRS - Training Application

Applicant name \_\_\_\_\_

#### **LETTER OF INTENT** (please describe where and how you will apply the skills learned in this course)

_____
_____
_____
_____
_____

#### **AGENCY AUTHORIZATION**

We authorize the person listed above to make application and if accepted, to attend the the Issues of People Who Test Positive/PCRS course.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title \_\_\_\_\_

#### **APPLICANT CONSENT**

Class may be cancelled at the discretion of the instructor. A reasonable effort will be made to provide notification to each confirmed participant.

Class will begin promptly each day at the designated hour.

Applicants must attend all three days to receive their certification.

Applicants will be responsible for all expenses incurred during the training, which may include but are not limited to: travel, training time, and hotel and meal expenses.

My signature indicates that I understand and will abide by these guidelines.

Signature \_\_\_\_\_ Date \_\_\_\_\_